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## BIB DATA SHEET

CONFIRMATION NO. 7844

|  |   |  |  |  |                               |                                    |
|--|---|--|--|--|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/579,444   | <b>FILING or 371(c)<br/>DATE</b><br>05/15/2006<br><b>RULE</b>   | <b>CLASS</b><br>062                                      | <b>GROUP ART UNIT</b><br>1791                                | <b>ATTORNEY DOCKET<br/>NO.</b><br>SWH 12 221-1US |                               |                                    |
| <b>APPLICANTS</b><br>Manfred A. A. Lupke, Thornhill, ON, CANADA;<br>Stefan A. Lupke, Thornhill, ON, CANADA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA04/02016 11/24/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>CANADA 2,450,560 11/24/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>03/02/2007 |   |  |  |  |                               |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/JOSEPH S LEYSON/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>ON                            | <b>SHEETS<br/>DRAWINGS</b><br>5                  | <b>TOTAL<br/>CLAIMS</b><br>14 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Dennison Associates<br>133 Richmond Street West<br>Suite 301<br>Toronto, ON M5H2L7<br>CANADA   |   |  |  |  |                               |                                    |
| <b>TITLE</b><br>Pipe molding system with vacuum and temperature controls of cooling plugs  |   |  |  |  |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |  |                               |                                    |
|  |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |  |                               |                                    |
|  |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |  |                               |                                    |
|  |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |  |                               |                                    |
|  |   |  | <input type="checkbox"/> Other _____                         |  |                               |                                    |
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